## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10682485

| CLAIMS AS FILED - PART I                       |  |   |                                      |                                   |              |  |      | SMALL ENTITY                                     |                        |      | OTHER THAN          |                        |  |
|--|--|---|--------------------------------------|-----------------------------------|--------------|--|------|--|------------------------|------|---------------------|------------------------|--|
| TO   | OTAL CLAIMS  |   | (Column 1)                           |                                   | (Coil        | (Column 2)                                   |      | TYPE   |                        | OR   | SMALL ENTITY        |                        |  |
|  |  |   |                                      |                                   |              |  | -    | RATE   | FEE                    | -    | RATE                | FEE                    |  |
| FC   | )R<br>   |   | NUMBER FILED                         |                                   | NUME         | BER EXTRA                                    |      | BASIC FEE  | 385.00                 | OR   | BASIC FEE           | 770.00                 |  |
| TC   | TAL CHARGE   | ABLE CLAIMS                               | G mir                                | nus 20=                           | *            |  |      | X\$ 9=   | İ                      | OR   | X\$18=              |                        |  |
| INE  | DEPENDENT C  | LAIMS                                     | mi                                   | inus 3 =                          | *            |  |      | X43=   |                        | OR   | X86=                |                        |  |
| ΜL   | ILTIPLE DEPEN  | NDENT CLAIM P                             | RESENŤ                               |                                   |              |  |      | +145=  |                        | OR   | +290=               |                        |  |
| * If   | the difference   | in column 1 is                            | ess than zero, enter "0" in column 2 |                                   |              | column 2                                     | l    | TOTAL  |                        | OR   | TOTAL               | 770                    |  |
| CLAIMS AS AMENDED - PART II                    |  |   |                                      |                                   |              |  |      |  |                        | _    | OTHER               | THAN                   |  |
|  |  | (Column 1)                                |                                      | (Colur                            | nn 2)        | (Column 3)                                   |      | SMALL  | ENTITY                 | OR   | SMALL               | ENTITY                 |  |
| AMENDMENT A                                    |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>OUSLY | PRESENT<br>EXTRA                             |      | RATE   | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                | **                                |              | =  |      | X\$ 9=   |                        | OR   | X\$18=              |                        |  |
| AME  | Independent  | *   | Minus                                | <u> </u>                          |              | <u>                                     </u> |      | X43=   |                        | OR   | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |                                      |                                   |              |  |      | +145=  |                        | OR   | +290=               |                        |  |
|  |  |   |                                      |                                   |              |  |      | TOTAL  |                        | OB   | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)               |  |   |                                      |                                   |              |  |      |  |                        | ION, | ADDIT. FEE          |                        |  |
| <u> </u>                                       |  | (Column 1)<br>CLAIMS                      | I                                    | HIGH                              |              | (Column 3)                                   | 1 r  | <del>-                                    </del> | ADDI-                  |      |                     | ADDI-                  |  |
| ENT B  |  | REMAINING AFTER AMENDMENT                 |                                      | NUME<br>PREVIC<br>PAID I          | USLY         | PRESENT<br>EXTRA                             |      | RATE   | TIONAL                 |      | RATE                | TIONAL<br>FEE          |  |
| AMENDMENT                                      | Total  | *   | Minus                                | **                                | ·            | =  |      | X\$ 9=   |                        | OR   | X\$18=              | , ==                   |  |
|  | Independent  | *   | Minus                                | ***                               |              | =  | ]    | X43=   |                        |      | X86=                |                        |  |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                                   |              |  |      | 7.10=  |                        | OR   | 7,00=               |                        |  |
|  |  |   |                                      |                                   |              |  |      | +145=  |                        | OR   | +290=               |                        |  |
|  |  |   |                                      |                                   |              |  |      | TOTAL<br>DDIT. FEE                               |                        | OR   | TOTAL<br>ADDIT. FEE |                        |  |
|  |  |   | _                                    |                                   |              |  |      |  |                        |      |                     |                        |  |
| AMENDMENT C                                    | `  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA                             |      | RATE   | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                | **                                |              | =  |      | X\$ 9=   |                        | OR   | X\$18=              |                        |  |
|  | Independent  |   |                                      |                                   | =            |  | X43= |  | OR                     | X86= |                     |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                                      |                                   |              |  |      | +145=  |                        | I    | .000                |                        |  |
| <b>+</b> [5                                    | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |   |                                      |                                   |              |  |      |  |                        | OR   | +290=               |                        |  |
| **   | **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **TOTAL ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                      |                                   |              |  |      |  |                        |      |                     |                        |  |